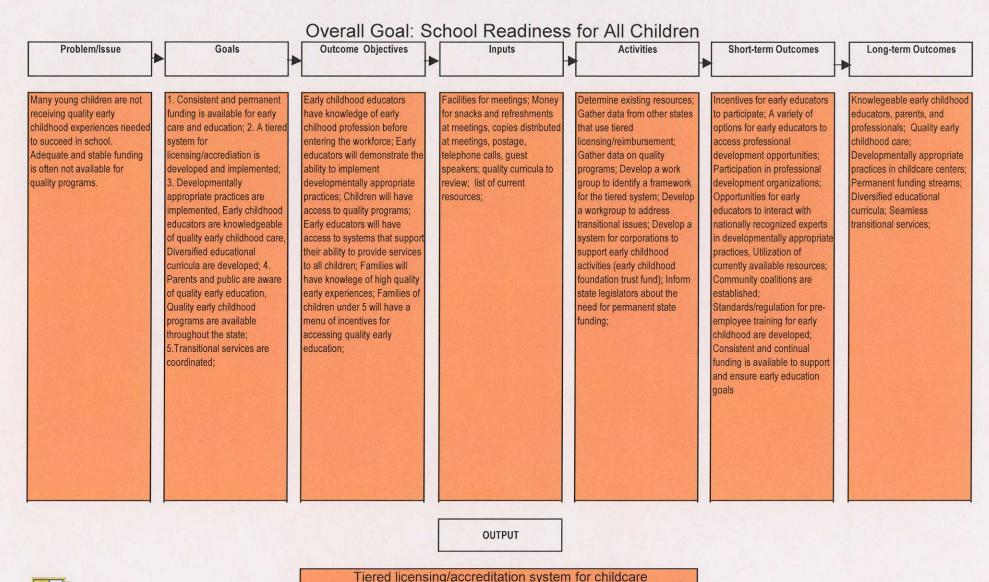
Logic Model for Early Care and Education Work Group Arkansas Early Childhood Comprehensive Systems Initiative (AECCS)





System of standards and regulations for childcare training
Registry for childcare directors
Early childhood foundation trust fund

Logic Model for Family Support Work Group

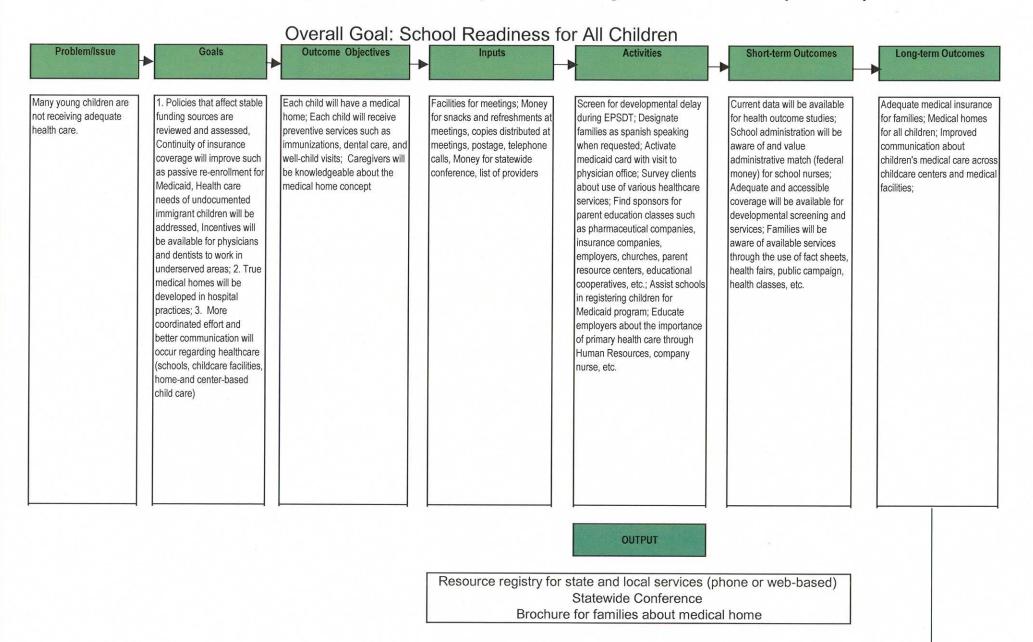
Arkansas Early Childhood Comprehensive Systems Initiative (AECCS)

Overall Goal: School Readiness for All Children Problem/Issue Goals **Outcome Objectives** Activities **Short-term Outcomes Long-term Outcomes** Lack of good jobs; Lack of 1. A single point of entry to All children will have their basic Facilities for meetings; Money Determine resources, databases Self-sufficiency and other key Accessible information system adequate and safe systems and services that needs met: Families will utilize for snacks and refreshments at concepts are defined; Key that are currently available and for families: Businesses and will link families to needed housing; Lack of summer resources available to meet meetings, copies distributed at accessible; Network and contact community leaders are other organizations support programs; Improve safety; resources will be pursued. basic needs; Businesses and meetings, copies of surveys, organizations to encourage identified, Families of all types programs that benefit families Improve nutrition; 2.Community networks are other organizations will support postage, telephone calls. listing their information in data are involved at different levels Families utilize Decrease in domestic supported and encouraged toolkit programs that benefit families; system: develop a survey for of decision making including services/resources available violence: Different types of through financial incentives Each community will have a child providers and family boards, committees, meetings; for children and adults: and local funding sources, households; Lack of central location and a members to determine types of Family members and providers Permanent and stable funding supportive networks: Central location is identified coordinator to assist with family child care information they need; are surveyed about services is available for family support Need to improve care in each community 3.Public needs research informatioin for toolkit; and information needed: projects givers knowledge, skills, becomes family aware and assemble and distribute toolkit: Toolkit is developed; communities become more motivation, involvement; contact Parent Resource Information is provided about Increase use of the family child friendly, Businesses Centers about providing services/programs available in resource centers: Need and other organizations childcare information; plan a a variety of places (schools. an accessible information support programs that advertising campaign to inform churches, newspapers, local benefit families, Familes system; Increase services parents and caregivers cable) for border-line children; and caregivers of children Improve supportive are aware of businesses environment in school that support programs that benefit families, 4. Accessible information system is used to link families to needed supports. OUTPUT

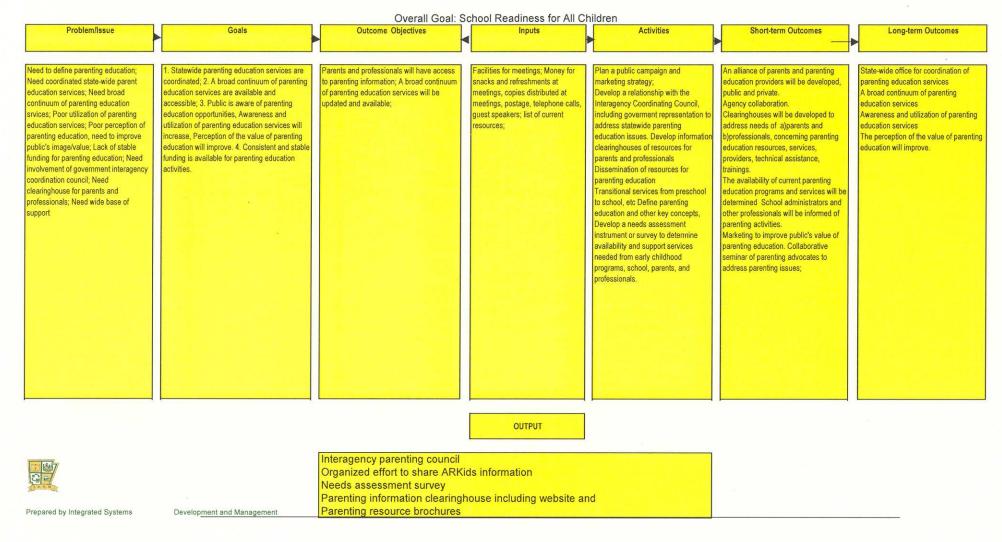
Toolkit for family and child providers
Universal needs application for family services
Statewide database for family programs

Logic Model for Medical Home Work Group

Arkansas Early Childhood Comprehensive Systems Initiative (AECCS)



Logic Model for Parent Education Group Arkansas Early Childhood Comprehensive Systems Initiative (AECCS)



Logic Model for Social-Emotional Group

Arkansas Early Childhood Comprehensive Systems Initiative (AECCS)

Overall Goal: School Readiness for All Children

Problem/Issue Goal Outcome Objectives Inputs Activities Short-term Cutcomes Outcomes

Many young children are not developing the social emotional skills needed to succeed in school due to: limited family/provider education, limited access to mental health services that are family-friendly, inequitable system of care, and lack of communication across agencies in the state.

All children have access to appropriate social emotional services and those services are coordinated with the medical home; 2.

Communities support the mental health of all residents; 3. Adequate prevention and intervention services are available to all community members. 4. All childcare centers screen for s-e development.

Children will be healthier (as indicated by improvement in health indicators) because the public values socialemotional health as necessary to overall health, development, and wellbeing; Early intervention, and treatment services will be available and accessible throughout the state; Parents/providers/professionals of young children will be well-trained and competent in social-emotional development; All systems of care will incorporate a uniform, standardized s-e screening in assessment process including EPSDT; Families/providers will be aware of and access supports when needed; Professional training and education provide a workforce ready to support s-e development;

Facilty for meetings Money for snacks and beverages, Project staff time to collect exisiting resource directories Resources to develop and maintain website, 1 800 number. Resources and input from various agencies and groups including: DHS, MHCA. Medicaid, Head Start, Early Head Start, HIPPY, Department of Education. Department of Higher Education, CASSP, child welfare system, health care system, state boards and licensing, insurance providers; EPSDT; collaborative funding

Meet with group members and partners to: define indicators of se health and associated terminology; identify a functional assessment measure that can be used across systems; define threshold to refer for services; develop training for administering, scoring, interpreting assessment; define state regions; locate or develop an information sheet about the importance of s-e health; identify a state agency or program that can be used as a central contact for s-e information; identify current resources available throughout the state; define and develop curricula; provide trainings and continuing education for family and providers about importance of se health; define competency related to trainings; improve data collection; utilize accurate data in decision-making

Information about s-e health will be distributed across the state: Database of resources will be developed; Health and development screen for young children will have a s-e component: Assessments will be used to identify emotional/develo pmental needs; S e development and evidencebased treatment are infused in higher education curriculum

Health information technology is used to communicate across systems and over time; New model of prevention and family-friendly treatment to reduce out-of-home placement, Functional assessment measure(s) to classify the level/type of services necessary to meet children and family needs; Resource map of statewide resources by region; Regional plan for primary and tertiary wrap-around services that is family friendly, consumer driven, and interagency blended; Community-based s-e consultants for families; Variety of resources (funding, training, and services) for mental health services for families and providers of young children, Knowledgeable workforce ready to support s-e development; Public values s-e health; Permanent funding streams

OUTPUT



Prepared by Integrated Systems Development and Management Statewide database of resources and tracking system
Need-driven system for s-e treatment services
Training modules
Community based s a consultant available for each fa

Community-based s-e consultant available for each family for prevention and early intervention